Division of Health Service R					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING	: 01	COMPLE	TED
	HAL080006	B, WING	-	R 04/17/	2015.
NAME OF PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE	04/17/	2013
BETHAMY RETIREMENT CEN	000 N 044	LIBBULRY A			
DETHAND RETIREMENT GEN	SPENCER	R, NC 28159)		
PRÉFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX YAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X6) COMPLETE DATE
(C 000) Initial Comments		(C 000)			
Report of Follow-up	Survey by Dennis Harrell on				
4-17-2015,			CONSTRUCTION SECTIO	N.	
Not all deficiencies	were corrected. Further		,		
action is required.			MAY @ 1 2015		
(C 101) Existing Licensed F	ac- No less than '71 Rules	(C 101)	RECEIVED		_
10A NCAC 13F .03 PHYSICAL PLANT The physical plant of care home shall be (2) Except where of licensed facilities or facilities shall meet requirements in effection, or alters the requirements for no addition or renovation, or alters the requirements for no addition or renovation or renovations or renovations for "His copies of which are Health Service Reg Raleigh, North Caro This Rule is not me 1. Based on observer protection equipme safe manner. This not detecting smoke or obstructing sprint Findings on 02/04/2 The office closet has	requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed licensure and code licensure and construction, or bed count, addition, ation; however in no case shall or any licensed facility where retained has been made, be less ments found in the 1971 lived Standards and linfirm", available at the Division of ulation, 701 Barbour Drive, polina, 27603 at no cost; let as evidenced by: vation, the building fire int was not maintained in a would effect all residents by e and activating the fire alarm kier coverage.				

PRINTED: 04/27/2015 FORM APPROVED

	of riealtin Service Re	egulation				
STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	ı		A. BUILDING	5. 01	3300 00700	
	1		D INVINO	*	R	
		HAL080006	B. WING	-	04/17/2015	
NAME OF	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP CODE		
BETHAN	RETIREMENT CEN	TER 909 N SA	LISBULRY	AVENUE		
		· SPENCEI	R, NC 2815	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC [DENTIFYING INFORMATION]	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
{C 101}	Continued From pa	ge 1	(C 101)			
		_		101-1. Photo Smoke detector	installed	
	Finding on 4-17-2015: There is still no fire detecting device in the office			in office closet	, i	
				Produkt to a		
i	closet.	detecting device in the onice	-	LAMBICA	4/20/2015	
(C 189)	Building Equipment	Maintained Safe, Operating	(C 189)	,		
,	mechanical, and plu care home shall be operating condition. (k) This Rule shall a facilities with the ex-	11. OTHER d all fire safety, electrical, imbing equipment in an adult maintained in a safe and				
	signage and emerge maintained in a safe	at as evidenced by: ration, the building exit ancy illumination were not manner. This would effect keeping the exits visible in an				
	Findings on 02/04/2 Exit signs and emen in the following local	gency lights are not working		,		
		rgency lighting in the south vas constructed in 1997.				
	Finding on 4-17-201 There was still no er Dining Room.	5: mergency lighting in the South	-	C189-c Emergency lighting ins in South dining room Exhibit B		
C 191	Unvented & Portable	e Elec. Heaters Prohibited	C 191			

of Health Service Regulation FORM APPROVED					
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			
	DENTI TONTION HOMBER	A. BUILDING	01	COMP	LETED
	HAL.080006	B. WING		04/1	7/2015
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
RETIREMENT CEN	IER				
	SPENCER	R, NC 28169)	,	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG			(XS) COMPLETE DATE
Continued From page	Continued From page 2				
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were 2 portable electric heaters being stored in room 8. Portable electric heaters have the potential of being misused and causing a fire.			C191-b Heaters removed	4/1:	8/2015
afety.				e reside	nts
	ROVIDER OR SUPPLIER PRETIREMENT CEN SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particular Centre Centre Centre Continued From particular Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (b) There shall be a maintain 75 degrees Winter design condition of centre Centre Centre Centre Centre Continued From particular Centre Continued From particular Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (b) There shall be a centre Winter design condition of centre Centre Centre Continued From particular Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Winter design condition of centre Centre Centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Winter design condition of centre Centre Centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Winter design condition of centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre Centre Centre SECTION .0300 - P 10A NCAC 13F .037 REQUIREMENTS (c) There shall be a centre (c) There shall be a centr	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIER HALD80006 ROVIDER OR SUPPLIER FRETIREMENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were 2 portable electric heaters have the potential of being misused and causing a fire. Administrator and Maintenance Supervisor rafety.	TOF DEFICIENCIES DE CORRECTION (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: (X2) MULTIP A. BUILDING HALD80006 B. WING HALD80006 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, 209 N SALISBULRY A. SPENCER, NC 28168 SPENCER, NC 28168 SPENCER, NC 28168 SPENCER, NC 28168 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 C 191 SECTION 0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were 2 portable electric heaters being stored in room 8. Portable electric heaters have the potential of being misused and causing a fire. Administrator and Maintenance Supervisor will make affety.	TOP DEPICIENCIES DE CORRECTION (X1) PROVIDER/SUPPLIER (X2) MULTIPLE CONSTRUCTION A BUILDING: 01 HALD80006 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE Y RETIREMENT CENTER 909 N SALISBULRY AVENUE SPENCER, NC 28169 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 2 Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall put to existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were 2 portable electric heaters have the potential of being misused and causing a fire. Administrator and Maintenance Supervisor will make monthly inspections to ensure	TOP DEPICIENCIS DE CORRECTION VI) PROVIDER/SUPPLIER (X2) MULTIPLE CONSTRUCTION (X3) DATE COMP

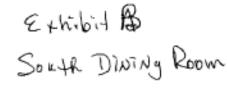
Division of Health Service Regulation STATE FORM

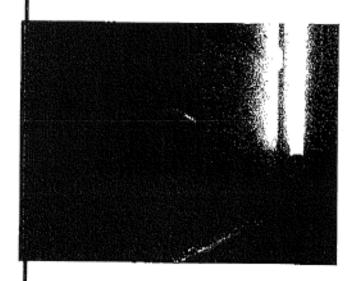
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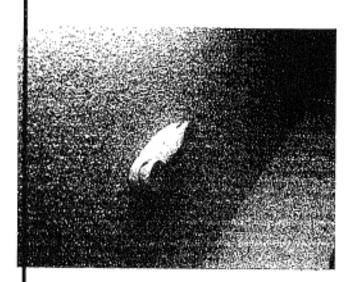
ubj: Date: Life Safety Inspection

4/27/2015 10:35:29 A.M. Eastern Daylight Time

rom: o: ashamandon4@yahoo.com bethamyent@aol.com







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4/29/2015 4:32:42 P.M. Eastern Daylight Time

rom: o:

bethamyent@aol.com

bethamyent@aol.com

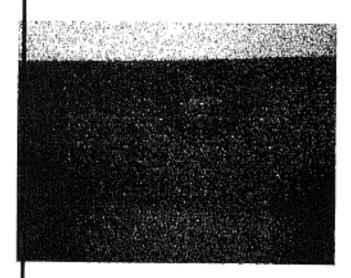


Exhibit A Office closet

ent from my iPhone

□ DELIVERY

SERVICE



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		raiocaon, mic.
4809 (704	S. Main St., Salisbury, NC 28147) 633-8891 - Fax (704) 633-5801	348 N. Main St., Mooresville, NC 28115 (704) 684-4614 - Fax (704) 564-4231
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